DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 0 3 — 0 4

2. STATE: West Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
May 15, 2003

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☒ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447.54
42 CFR 447.55

7. FEDERAL BUDGET IMPACT: Savings of 1.5 million a year
a. FFY -0- $ -0-
b. FFY -0- $ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
ATTACHMENT 4.18-A Page 2, 3
Attachment 4.18-A Page 1
Attachment 4.18-C Page 2, 3
Attachment 4.18-C Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
ATTACHMENT 4.18A, PAGES 2,3
ATTACHMENT 4.18A, PAGE 1
ATTACHMENT 4.18C, PAGE 2,3
ATTACHMENT 4.18C, PAGE 1

10. SUBJECT OF AMENDMENT:
This plan amendment will institute a copayment of $3.00 on prescriptions of $50.01 and above.

11. GOVERNOR'S REVIEW *(Check One)*:

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:
Nancy V. Atkins

13. TYPED NAME:
Nancy V. Atkins, MSN, RNC, NP

14. TITLE:
Commissioner

15. DATE SUBMITTED:
5/23/03

16. RETURN TO:
Nancy V. Atkins, MSN, RNC, NP
Commissioner
Bureau for Medical Services
350 Capitol Street
Charleston, WV 25301-3706

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
5/30/03

18. DATE APPROVED:
7/8/03

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
5/15/03

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Mary T. McSorley

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

1. The following charges are imposed on the **categorically** needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination	
	Deductible	Coinsurance	Copay		
Prescribed Drugs			X	State's Payment $10.00 or less $10.01 to $25 $25.01 to $50.00 $50.01 and above	Co-Pay $ .50 $ 1.00 $ 2.00 $ 3.00

TN No. 03-04
Supersedes
TN No. 95-21

Approval Date JUL 0 8 2003

Effective Date MAY 1 5 2003

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

B. The method used to collect cost sharing charges for **categorically** needy individuals:

X Providers are responsible for collecting the cost sharing charges from individuals.

☐ The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

No provider participating under this State Plan may deny care or services to an individual eligible for such care and services under the Plan because of such individual's inability to pay co-payment charges. This requirement does not extinguish the liability of the recipient receiving the services for payment of the co-payment charge to the provider.

Providers will, based on information available to them, make a determination of the recipient's ability to pay the co-payment. In the absence of knowledge or indications to the contrary, providers may accept the recipient's assertion that he/she is unable to pay the required co-payment.

Reimbursement to the provider will be the allowable cost minus the co-payment amount.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Providers are informed through Medicaid Program Instructions an d/or Regulations of the following co-payment exclusions:

Prescriptions for recipients of emergency services
Prescriptions for pregnant women
Prescriptions for family planning services and supplies
Prescriptions for inpatients in long term care facilities/hospitals
Prescriptions for recipients under 18 years of age
Prescriptions originating with the EPSDT program.

No co-payment is collected by or deducted from the reimbursement to the provider when these conditions are met.

E. Cumulative maximums on charges:

X State policy does not provide for cumulative maximums.

☐ Cumulative maximums have been established as described below:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

2. The following charges are imposed on the **medically** needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act":

Service	Type of Charge			Amount and Basis for Determination	
	Deductible	Coinsurance	Copay		
Prescribed Drugs			X	State's Payment $10.00 or less $10.01 to $25 $25.01 to $50.00 $50.01 and above	Co-Pay $ .50 $ 1.00 $ 2.00 $ 3.00

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

B. The method used to collect cost sharing charges for **medically** needy individuals:

X Providers are responsible for collecting the cost sharing charges from individuals.

☐ The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

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